

REMARKS

Any fees that may be due in connection with the filing of this paper or with this application may be charged to Deposit Account No. 06-1050.

The specification is amended to correct the names of the authors in two citations and also to correct minor typographical errors.

The first author of the article published in *Lancet* 357(9252):282-283 (2001) is corrected to Cohen, D.C. for correct citing of the reference (page 1, line 22). A copy of the PubMed citation is provided in evidence.

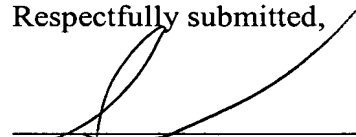
The first author of the article published in *Am. J. Gastroenterol.* 94(8):2122-7 (1999) is corrected to Fincher R.K. for correct citing of the reference (page 1, line 24). A copy of the PubMed citation is provided in evidence.

The verb "be" was inadvertently omitted on page 9, line 3, and has been inserted for grammatical clarity.

No new matter has been added to the specification.

Entry of this amendment and examination of the application are respectfully requested.

Respectfully submitted,



Stephanie L. Seidman
Reg. No. 33,779

Attorney Docket No. 17737-003US1/3703US

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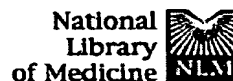
Applicant : Borody, Thomas J., *et al.*
Intl. Appl. No.: PCT/AU03/00257
Serial No. : Unknown
Filed : September 3, 2004
Preliminary Amendment
Page : 4 of 5

Attorney's Docket No.: 17737-003US1/3703

ATTACHMENT TO THE PRELIMINARY AMENDMENT

PUBMED CITATION

Cohen D.C., *et al.*, *Lancet* 357(9252): 282-283 (2001)



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- Lancet. 2001 May 19;357(9268):1621-2.

**ELSEVIER SCIENCE
FULL-TEXT ARTICLE****Hyponatraemia as a complication of colonoscopy.****Cohen CD, Keuneke C, Schiemann U, Schroppel B, Siegert S, Rascher W, Gross M, Schlondorff D.**

A case of colonoscopy-induced hyponatraemic encephalopathy led us to study the risk of hyponatraemia after gastrointestinal endoscopy. We assessed 40 patients before and after colonoscopy. 20 gastroscopy patients served as controls. Our findings show a high incidence (7.5%) of hyponatraemia after colonoscopy, in association with raised serum concentrations of arginine vasopressin. Physicians should be aware of this complication, since it may contribute to psychological and neurological symptoms after colonoscopy.

Publication Types:

- Case Reports
- Clinical Trial
- Controlled Clinical Trial
- Letter

PMID: 11214135 [PubMed - indexed for MEDLINE]

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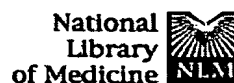
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Fincher RK, *et al.*, *Am. J. Gastroenterol.* 94(8): 2122-7 (1999)



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ELSEVIER SCIENCE
FULL-TEXT ARTICLE

A comparison of bowel preparations for flexible sigmoidoscopy: oral magnesium citrate combined with oral bisacodyl, one hypertonic phosphate enema, or two hypertonic phosphate enemas.

Fincher RK, Osgard EM, Jackson JL, Strong JS, Wong RK.

Department of Gastroenterology, Walter Reed Army Medical Center, Washington, DC 20307, USA.

OBJECTIVE: Magnesium citrate with hypertonic enemas or oral bisacodyl provides superior preparation quality for sigmoidoscopy over enemas alone. We compared three magnesium citrate sigmoidoscopy preparations in a randomized, single-blind, controlled trial. **METHODS:** Two hundred and ninety-one adults scheduled for routine sigmoidoscopy were randomly assigned to receive one of three preparations containing oral magnesium citrate (296 cc) taken the night before the procedure in combination with the following: 1) oral bisacodyl (10 mg), given with the magnesium citrate the night before the procedure; 2) one hypertonic phosphate enema 1 h before the procedure; or 3) two hypertonic phosphate enemas, given singly at 2 and 1 h before the procedure. Endoscopists rated preparation quality, procedure duration, and depth of endoscopic insertion. Patients assessed preparation comfort and overall satisfaction. **RESULTS:** Preparation quality was rated as excellent or good for 80.6% in the bisacodyl group, 88.7% in the one-enema group, and 85.1% in the two-enema group ($p = 0.30$). Patients reported the oral bisacodyl regimen was better tolerated ($p = 0.032$). Although the three regimens were comparable in most side effects, the bisacodyl preparation was associated with more diarrhea ($p = 0.0003$). Mean procedure duration, mean insertion depth, and prevalence of diverticula and polyps were similar in all groups. Fewer than 4% of patients required repeat procedures due to poor preparation quality. **CONCLUSIONS:** There was no statistical difference between the quality of the three bowel preparations. Patients considered an oral bisacodyl and magnesium citrate regimen more easily tolerated, though it was associated with more diarrhea.

Publication Types:

- Clinical Trial
- Randomized Controlled Trial

PMID: 10445538 [PubMed - indexed for MEDLINE]

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